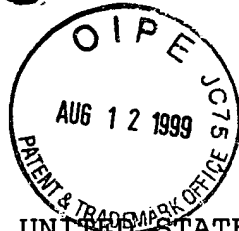


169.0976



FILE COPY

Receipt #1/p

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
JAMES PHILIP ANDREW) : Examiner: Not Yet Assigned
Application No.: 09/161,770) : Group Art Unit: 2721
Filed: September 29, 1998)
For: METHOD FOR DIGITAL)
DATA COMPRESSION) : Date: August 11, 1999

RECEIVED
DEC 23 1999
TC 100 MAIL ROOM

Assistant Commissioner for Patents
Washington, D.C. 20231

SUPPLEMENTAL REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Supplemental to the Request For Corrected Filing
Receipt submitted on January 7, 1999 in the above-identified
application, Applicant respectfully requests the issuance of a
corrected Filing Receipt that reflects the correct name and
residence of the inventor:

--JAMES PHILIP ANDREW, WAVERTON, NEW SOUTH WALES 2060,
AUSTRALIA--.

No fee is believed necessary in connection with this
Request. If, however, a fee is required, the Commissioner is
hereby authorized to charge the requisite amount to Deposit
Account 06-1205.

64477 Shelia Thomas 5-18 99 TB

Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address listed below.

Sincerely,

Abigail Cousins
Attorney for Applicant

Registration No. 29,292

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 20175 v 1

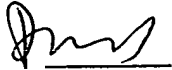
SERIAL NUMBER 09/161,770	FILING DATE 09/29/98	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO. 169.0976
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APPLICANT

JAMES PHILIP ANDREW, WAVERTON, AUSTRALIA.

RECEIVED
DEC 23 1998
TC 2100 MAIL ROOM

CONTINUING DOMESTIC DATA***
VERIFIED



371 (NAT'L STAGE) DATA***
VERIFIED



FOREIGN APPLICATIONS***

VERIFIED

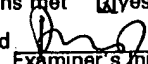
AUSTRALIA
AUSTRALIA

PO9510
PP0776

09/29/97
12/08/97



IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUX	SHEETS DRAWING 11	TOTAL CLAIMS 120	INDEPENDENT CLAIMS 18
Verified and Acknowledged  <u>Examiner's Initials</u> <u>Initials</u>				

ADDRESS

SEE CUSTOMER NUMBER: 005514

TITLE

METHOD FOR DIGITAL DATA COMPRESSION

FILING FEE RECEIVED \$4,350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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